



## My Question: Please Describe the Role of the MRO

- The suggested procedure for participant contested results
- The steps the MRO takes
- The components of the MRO interview
- The final report to the monitoring agency



## Monitoring is not like workplace drug testing

- Different test populations
- More drugs and metabolites tested
- More specimen types
- Lower cutoffs
- Less peer reviewed data regarding quantitative levels and their meaning
- More room for error, usually human

### But there are some similarities

- Both are forensic testing, not clinical testing
- Both follow strict chain of custody protocols
- Both require split specimen reconfirmation options
- MRO review available but not required for monitoring
- Laboratories must be forensically certified

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- Collaboration: independent and impartial
- Look for feasible and/or acceptable explanation(s) for laboratory non-negative results.
- Consult with other experts (toxicologists, consultant physicians) when assistance is needed on problem test results, resolve the issues that can be resolved, report the findings and the result.

- Identify participant
- Explain verification process
- Donor Advisory Statement (Miranda)
- Ask non-result related questions (if necessary):
  - ↳ Collection inquiries?
- Inform of test result
- Seek result specific information:
  - ↳ Medical issues, RX, OTC meds, etc.
- Inform of how MRO will report
- Give split specimen testing options
- Answer questions
- Leave MRO phone number

- My role is to solicit explanation from the donor of a non-negative test result
- I do not suggest or offer “incidental or unknowing ingestion” explanations
- I may let the donor know if explanation is feasible or not
- Even if feasible, I will advise it may not be acceptable
- I will record a detailed accounting of the interview for the case manager
- For monitoring programs my final determination is “Positive for.....” with levels and the report will include consultative comments

### DOT/HHS testing is the starting point for all MROs

- Purely forensic, deterrent testing
- Medically explained positives downgraded to negatives by the MRO
- Benefit of the doubt goes to the donor

### Healthcare Professional

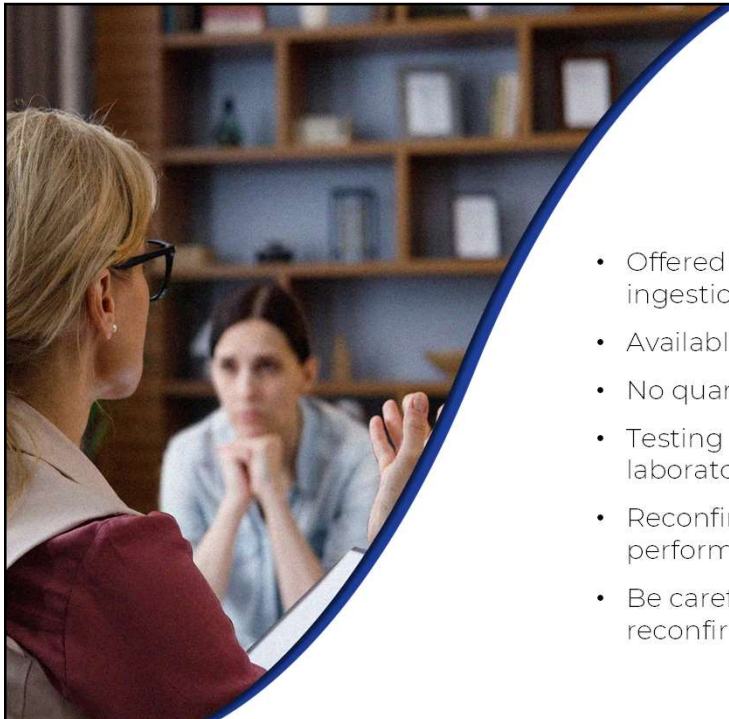
- Forensic or non forensic detection testing
- No positives downgraded to negatives
- All positives must be explained
- Benefit of the doubt given or not on case-by-case basis

- Forensic principles required when license action in question
- All positives reported as positives
- All positives must be explained but explanations may not be acceptable
- Prescriptions
  - ↳ DOT/HHS: Once a valid prescription, always a valid prescription
  - ↳ Monitoring: Program defines length of time RX is acceptable

### I may be biased...

- Certainly, if there is any dispute about the result, MRO offers an unbiased opinion
- When legal action may be pending, an MRO review helps solidify the case and may prevent inappropriate legal action that may not stand up in a hearing
- For complicated results like EtG/EtS, PEth, benzodiazepine metabolites etc, MRO review may help clarify

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### Split specimen reconfirmation:

- Offered when the donor denies alcohol or drug ingestion
- Available for all specimens except nails. DBS
- No quantitative levels, qualitative result only
- Testing performed at a second comparable laboratory at that lab's LOD
- Reconfirmation is a check on the laboratory that performed the initial test
- Be careful about disciplinary action without reconfirmation

- The result of a second drug test does not invalidate the result of the first one
- An alternative specimen result does not invalidate a urine result
- In either case the second result may add perspective to the first
- **BUT:** Failure of a split specimen to reconfirm the original result does invalidate the original result

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